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APPLICANTS

MARC R. HAMMERMAN, ST. LOUIS, MO;
 SHARON A. ROGERS, EDWARDSVILLE, IL;

**** CONTINUING DATA *******

This appln claims benefit of 60/070,457 01/05/1998

**** FOREIGN APPLICATIONS *******

IF REQUIRED, FOREIGN FILING LICENSE GRANTED SMALL ENTITY ****

** 02/01/1999

Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY MO	SHEETS DRAWING 0	TOTAL CLAIMS 11	INDEPENDENT CLAIMS 1
35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance				
Verified and Acknowledged Examiner's Signature _____ Initials _____				

ADDRESS

Dorsey & Whitney, LLP.
 555 California Street, Suite 1000
 San Francisco , CA 94194

TITLE

COMPOSITION AND METHOD FOR IMPROVING FUNCTION OF EMBRYONIC KIDNEY TRANSPLANTS

FILING FEE RECEIVED 1054	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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